

NEWBORN JAUNDICE

Treating Jaundice in Healthy Newborns



Preventing Serious Jaundice

It isn't possible to prevent jaundice completely, but there are some things parents can do to keep jaundice from becoming too serious

- Keep scheduled follow-up appointments for your baby. Your health care provider will evaluate your baby for jaundice, and may order a bilirubin test.
- Good feeding helps to prevent serious jaundice. Regular feedings of breast milk or formula will encourage bowel movements. When babies do not pass bowel movements, bilirubin that is in the intestines can be recycled back into the blood. Breastfed babies should nurse at least 8 to 10 times a day. More frequent breastfeeding can reduce jaundice.
- If your baby is not nursing well for any reason (such as, your baby is very sleepy, your baby is crying but refusing to suck, or your breasts are engorged), call your health care provider for advice. Do not wait until your follow-up appointment to get help.

Checking for Jaundice

- Take your baby near a window but not in direct sunlight. Press your fingertip on your baby's forehead, nose, or cheek (like you are checking a peach to see if it is ripe). When you take your finger away, the spot where your finger was will look lighter for a few seconds. If this spot looks yellow, that is jaundice.
- Repeat this on the baby's upper chest and tummy area. Jaundice usually starts in the face and spreads downward, toward the feet, as the bilirubin levels gets higher. Check for jaundice in the whites of the eyes.
- If your baby looks yellow on the chest or abdomen, or you feel your baby's jaundice is getting worse, call your health care provider. Ask for a bilirubin test to be done.
- It is important to look for jaundice, but trying to judge how serious jaundice is by looking at the baby is not very accurate, especially when the bilirubin level is high.

What Else to Watch for in a Jaundiced Baby

If your baby is jaundiced, watch for other signs that could mean that the bilirubin level is too high. If any of these are true call your health care provider right away. If your baby is

- Very sleepy and does not wake up for feedings
- Very fussy and does not eat or sleep much at all
- Limp or floppy
- Seems stiff, especially arms or legs
- Arching his/her back or neck
- Screeching or has a high-pitched cry

Treatment for Jaundice

- The most common treatment for jaundice is phototherapy, a special light that changes the bilirubin in the skin into a substance that is easier for the body to excrete.
- Phototherapy is used to keep the bilirubin from rising to a dangerous level. This can take a few days, depending on the cause of the baby's jaundice.
- Phototherapy is done at the hospital, or in some circumstances, in the home.

Identified Risk Factors:

Bilirubin level or TcB

Follow-up bilirubin scheduled

Follow-up appointment

Lactation Resources

Basic Facts About Jaundice

- Jaundice is a yellowish or orange color of the skin. Jaundice is very common. It happens in 2 out of 3 newborns.
- Jaundice is caused by the breakdown of red blood cells. Old red blood cells release a chemical called bilirubin. It is the liver's job to remove Bilirubin from the blood so the body can get rid of it. Bilirubin is normally removed from the body in the bowel movements. If it is not removed, bilirubin finds its way to the skin and stays there, causing the yellow color called jaundice.
- Babies are born with extra red blood cells that their bodies don't need anymore. Breaking down all these red blood cells releases a lot of bilirubin. Babies with bruising have extra cells to remove from the body, so they are at higher risk for jaundice.
- It takes a few days for your baby's liver to be ready for the job of removing extra bilirubin from the blood. The liver of a premature baby has an even tougher job of removing bilirubin. Babies born just a few weeks early are more likely to become jaundiced.
- Sometimes a baby's blood type is different from its mother's blood. In this case, the baby's red blood cells are breaking down even faster than usual. Jaundice in these babies often shows up in the first day or two of life.

Risk Factors for Jaundice

- Prematurity (babies born 2 weeks or more before their due date)
- A brother or sister who had jaundice
- Breastfeeding Poorly
- Babies with bruising from the birth process
- Babies born with the help of a vacuum



Check for jaundice by pressing your fingertip on the baby's forehead, nose, or cheek.

Call your health care provider if your baby looks yellow on the chest or abdomen.

Very sleepy and does not wake up for feedings.



Significance of Jaundice

- Most jaundice in healthy babies is not serious and does not require treatment. It usually gets worse for several days, reaching its peak on the fourth or fifth day of life. After that the yellow color fades a little each day.
- Jaundice can become harmful if the bilirubin level in the baby's blood is too high. Extremely high levels can harm the brain and cause hearing loss.
- The only way to know the bilirubin level is to test the baby's blood. Even if one bilirubin test is normal, your baby's jaundice can still worsen after you go home.
- Parents often ask, "What is a normal bilirubin level?" It depends how old the baby is, and how fast the bilirubin is rising. A level that is considered normal when a baby is 3 days old might be too high at 1 day of age.

